

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591804

FILING DATE

9.6.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18		1				
19	1					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	1					
37		1				
38						
39						
40						
41						
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	3.9	←	←		←	
TOTAL CLAIMS	4.2					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						